

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09937890

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51	/					
3							52		/				
4							53		/				
5							54	/					
6							55		/				
7							56		/				
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15							64						
16							65						
17							66						
18							67						
19							68						
20							69						
21							70						
22		/					71						
23	/						72						
24		3					73						
25	/	0					74						
26							75						
27							76						
28							77						
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41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.						
							TOTAL DEP.						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS